

Rosewood Clinic

Inspection report

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Ripley
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Rosewood Clinic on 5 December 2019 as part of our inspection programme, under Section 60 of the Health and Social Care Act 2008. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. This was the provider's first rated inspection. The practice was previously inspected in July 2018 when the practice was not rated but was found to be meeting all regulations.

Rosewood Clinic is an independent provider of a range of GP services, including consultations, child and adult immunisations, travel health advice and vaccinations, well man and woman health checks and advice, cervical screening and Botox injections for the treatment of excessive sweating.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Rosewood Clinic provides a range of non-surgical cosmetic interventions, for example, Botox injections and facial fillers, which are not within CQC scope of registration. Therefore, we did not inspect or report on these services. Services are also provided to patients under arrangements made by their employer or insurance provider with whom the service user holds an insurance policy (other than a standard health insurance policy). These types of arrangements are exempt by law from CQC regulation. Therefore, we were only able to inspect the services which are not arranged for patients by their employer or insurance provider.

The practice is registered with the Care Quality Commission to provide the following regulated activities: Diagnostic and screening procedures; Treatment of disease, disorder or injury. At the time of our inspection we identified that the provider had been providing services which included the insertion and removal of intrauterine contraceptive devices. This activity requires the provider to be registered for the regulated activity Family planning services, which the provider was not registered to provide. We asked the provider to submit an urgent application to register to provide the regulated activity or to discontinue carrying out that activity.

Services are provided by the medical director who is the founder of the service and one part-time GP. The medical director is male and the part-time GP is female. The medical director provides all travel advice and vaccination services.

The medical director is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received written feedback about the practice from 18 patients prior to and on the day of inspection. Feedback from patients was positive about the service and care provided. Patients described the service as being caring, respectful, reassuring and efficient. Several patients commented upon the high standards of clinical care afforded to them.

Our key findings were:

- The practice had good facilities and was equipped to treat patients and meet their needs.
- Services were offered on a private, fee paying basis only.
- Patients received care and treatment which met their needs and followed national guidance.
- Medical staff had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.
- The service had systems in place to promote the reporting of incidents.

Overall summary

- The practice had some effective systems to manage safety risks within the premises. However, staff had not recently participated in a fire drill and there were no fire extinguishers or other fire-fighting equipment located within the premises.
- There were infection prevention and control policies and procedures in place to reduce the risk and spread of infection. However, the provider was unable to demonstrate that they held appropriate records relating to staff immunisations.
- Medicines were stored securely, however fridge temperature monitoring processes did not ensure the correct temperature range for their safe storage.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Staff worked well together as a team and all felt supported to carry out their roles. There was a strong team ethos and culture of working together.
- The service encouraged and valued feedback from patients and staff. Feedback from patients was positive.
- The culture of the service encouraged candour, openness and honesty.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.

(Please see the specific details on action required at the end of this report).

The areas where the provider **should** make improvements are:

- Ensure written guidance for staff regarding red flag symptoms of sepsis is embedded within the practice.
- Ensure staff have access to safety information to support the control of substances hazardous to health (COSHH).
- Review processes and training to deal with medical emergencies following installation of an automatic external defibrillator within the practice.
- Ensure patients are made aware of the practice's updated complaints policy and information to support them should their complaint remain unresolved.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a second CQC Inspector and a GP specialist adviser.

Background to Rosewood Clinic

We carried out an announced comprehensive inspection at Rosewood Clinic on 5 December 2019. Rosewood Clinic is an independent provider of a range of GP services, including consultations, child and adult immunisations, travel health advice and vaccinations, well man and woman health checks and advice, cervical screening and Botox injections for the treatment of excessive sweating.

The Registered Provider is Rosewood Clinic Limited.

Services are provided by from 26 Newark Lane, Ripley, Woking, Surrey, GU23 6BZ.

The practice is open from Monday to Friday: 09.00 - 17:00

The service is run from a suite of rooms on the ground floor, within premises which are owned and managed by the provider. The practice comprises one consulting room, a meeting room, a waiting room and administration area. Patients are able to access toilet facilities on the ground floor.

Patients can access services on a fee-paying basis only. If required, following a consultation, a private prescription is issued to the patient to take to a community pharmacy of their choice.

How we inspected this service

Prior to the inspection we reviewed a range of information that we hold about the service and gathered and reviewed information received from the provider.

During our visit we:

- Spoke with the medical director who is also the registered manager.
- Spoke with two administrators/receptionists.
- Reviewed CQC comment cards and written feedback from patients, where patients shared their views and experiences of the service.
- Reviewed documents the clinic used to carry out services, including policies and procedures.
- To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:
 - Is it safe?
 - Is it effective?
 - Is it caring?
 - Is it responsive to people's needs?
 - Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Safety systems and processes

The service had some systems to keep people safe and safeguarded from abuse.

- The provider conducted a wide range of safety risk assessments relevant to the service. For example, we reviewed risk assessments relating to each specific staff role within the practice, environmental health and safety risks and the use of display screen equipment. There were appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training.
- The service had systems to safeguard children and vulnerable adults from abuse. All staff had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. We saw examples of recent safeguarding referrals by GPs which demonstrated a thorough and effective approach to ensuring the ongoing safety of vulnerable patients using the service.
- Patients were asked to provide personal identification on registration with the practice. The service had systems in place to assure that an adult accompanying a child had parental authority.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). All staff who acted as chaperones were trained for the role and had undergone a DBS check.
- The practice had an effective system to manage safety risks within the premises, such as infection prevention and control and legionella. Legionella risk assessments were carried out and resulting, completed actions included regular temperature monitoring, sampling of water supplies and annual servicing of a point-of-use water heater (Legionella is a particular bacterium which can contaminate water systems in buildings). There was some minimal guidance available to staff to support the

control of substances hazardous to health (COSHH). However, the provider did not hold safety data information relating to hazardous substances stored within the practice.

- There were mainly effective systems to manage infection prevention and control within the practice. Cleaning and monitoring schedules were in place for clinical areas. All staff had received training in infection prevention and control. A comprehensive audit of all infection prevention processes had been undertaken. However, the provider was unable to demonstrate that they held appropriate records relating to staff immunisations. The practice policy stated that records would be held to confirm the Hepatitis B status of clinical and administration staff. We saw records which confirmed the Hepatitis B status of clinical staff but there were no immunisation records relating to administration staff. The provider held no immunisation records relating to varicella, tetanus, polio, diphtheria and MMR (measles, mumps, rubella) in line with Public Health England (PHE) guidance.
- There were systems for safely managing healthcare waste, including sharp items. We saw that clinical waste disposal was available in the clinical room. Bins used to dispose of sharps items were signed, dated and not over-filled.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We reviewed records to confirm that electrical equipment had undergone portable appliance testing in 2019.
- The provider had carried out regular fire risk assessments. However, staff had not recently participated in a fire drill and there were no fire extinguishers or other fire-fighting equipment located within the premises, despite these being referred to within the practice's fire risk assessment. The provider told us they had recently removed their fire extinguishers from the premises, as their maintenance had expired. Immediately following our inspection, we received evidence to confirm that the provider had ordered replacement fire extinguishers and that all staff had participated in a fire drill.

Risks to patients

There were some systems in place to assess, monitor and manage risks to patient safety.

Are services safe?

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. However, the practice had not provided specific guidance to non-clinical staff to support their understanding of managing patients with severe infection and sepsis. Immediately following our inspection, the provider demonstrated they had developed written guidance for staff regarding the red flag symptoms of sepsis.
- Staff had received basic life support training which was annually updated.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. The practice had some emergency resuscitation equipment. Oxygen was available, with face masks for both adults and children. The practice held medicines for use in an emergency. Records showed that regular checks were undertaken to ensure that equipment and emergency medicines were safe to use. The practice did not have an automatic external defibrillator (AED) and had undertaken a risk assessment to support this decision. However, immediately following our inspection, the provider submitted evidence to confirm they had purchased an AED.
- There were appropriate professional indemnity arrangements in place for clinical staff.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. We saw recent examples of timely and effective sharing of information with other agencies and patients' NHS GPs, in order to ensure the safe care

and treatment of patients. For example, staff had responded promptly and worked closely with other agencies to ensure the safety of one patient whom they had identified was living in vulnerable circumstances.

- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- The practice used a local independent pathology service to analyse blood and other specimens. Results were received within the practice via an encrypted electronic system. Those patients awaiting test results were flagged on the electronic patient record system and staff were able to identify if any results had not been returned.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- Staff prescribed and administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.
- Medicines were stored securely in a treatment room. Vaccines were stored in a vaccine fridge which was monitored to ensure it maintained the correct temperature range for safe storage. All temperatures recorded had been within the range for safe storage. However, records indicated that staff had recorded only the actual temperature of the fridge at the time of monitoring, rather than the highest and lowest temperatures during a given period. Immediately following our inspection the provider submitted evidence to confirm that daily temperature monitoring now included recording of the range of temperatures. Documented processes, including a fridge monitoring flowchart, and further training, had been provided to staff to ensure their understanding.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, the practice had audited their antimicrobial prescribing in the treatment of urinary tract infections to ensure they met best practice guidelines.

Are services safe?

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. The practice had recorded seven incidents within 2019.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, the

practice had recorded and reviewed events relating to the diagnosis of one patient who had been receiving shared care across primary and secondary care services. The practice had reflected on and documented learning and action points arising from their review.

- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team. For example, the practice had recently acted upon a safety alert relating to a medicine used to treat conditions such as heartburn and stomach ulcers. The medical director had promptly identified any patients prescribed the medicine and took appropriate and ongoing action in response to the alert.

Are services effective?

Effective needs assessment, care and treatment

- The provider had systems in place to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance relevant to their service.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. Clinicians had enough information to make or confirm a diagnosis.
- Services were provided to very low numbers of older patients and patients with long-term conditions. However, the practice maintained a chronic disease register which enabled them to closely monitor the management of those patients' care. Many of those patients also received independent consultant-led care for their long-term condition. Where care was provided exclusively by the practice, for example to a small number of patients with mild hypertension, the practice implemented an effective recall system to ensure patients attended for ongoing monitoring, symptom and medication review.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, the practice had audited their antimicrobial prescribing in the treatment of urinary tract infections to ensure they met best practice guidelines.
- The practice had implemented a programme of audit which also included auditing of cervical screening and clinical records.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. All clinical and non-clinical staff within the practice were required to complete a care certificate which provided them with training in a range of topics including health and safety, safeguarding, privacy and dignity, handling confidential information, awareness of dementia, infection control and ensured a robust induction programme.
- GPs were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. For example, we saw that GPs had undergone updated training to undertake cervical screening and immunisations within 2019. Staff were encouraged and given opportunities to develop. One GP held a diploma in sexual and reproductive healthcare.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, GPs at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable

Are services effective?

to abuse or misuse, and those for the treatment of long-term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.

- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, staff told us how they had worked closely with the police and a patient's NHS GP to ensure the immediate safety of one vulnerable patient.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services. Those patients were flagged on the electronic patient record system which enabled practice staff to monitor how referrals had been processed.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care

provider for additional support. We saw recent examples of timely and effective sharing of information with other agencies and patients' NHS GPs, in order to ensure the safe care and treatment of patients.

- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance .

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions and provided sufficient information to support that decision making. For example, the practice used a specific consent form for patients who received Botox injections for the treatment of excessive sweating. The consent form included detailed information about the treatment, contraindications, risks and possible side effects of the treatment which patients were required to review prior to giving their written consent to treatment.
- Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. The practice issued a quarterly patient newsletter and encouraged patients to provide feedback on services. In addition, a suggestion box was located within the waiting area and gave patients the opportunity to complete a questionnaire and make suggestions for improvement to services.
- We received written and verbal feedback about the practice from 18 patients prior to and on the day of inspection. Feedback from patients was positive about the service and care provided. Patients described the service as being caring, respectful, reassuring and efficient. Several patients commented upon the high standards of clinical care afforded to them.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. Patients who provided feedback commented upon the ease with which they could make an appointment and the immediacy of information and support provided.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- The service ensured that patients were provided with all the information, including costs, they required to make

decisions about their treatment prior to treatment commencing. Information about pricing was available to patients on the practice website and within the practice.

- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with people in a way that they could understand, for example, communication aids such as a hearing loop were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. Consultations took place behind closed doors and staff knocked when they needed to enter.
- Patients were collected from the waiting area by the GP and escorted into the consultation room.
- Reception staff were aware that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.
- Chaperones were available on request and the practice was able to provide consultations and treatment with either a male or female GP.
- Staff complied with the practice's information governance arrangements. Practice processes ensured that all confidential electronic information was stored securely on computers. All patient information kept as hard copies was stored in locked cupboards.
- CQC comment cards supported the view that the service treated patients with respect.

Are services responsive to people's needs?

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs.
- The practice provided services to patients who lived locally and many were part of a local expatriate community. Numbers of older patients and those with long-term conditions attending the practice were extremely low. Where shared care arrangements were required to support patients with a long-term condition, the practice responded to a patient's individual needs and preferences in liaising with the NHS GP or an independent hospital consultant.
- The facilities and premises were maintained to a high standard and were appropriate for the services and treatments delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.
- The practice acknowledged the limitations of their service and had put appropriate arrangements in place. For example, the practice did not provide services out of hours and ensured patients were provided with this information via the practice website and their out of hours answerphone message. Patients were directed to local NHS services if they required assistance when the practice was closed.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment. Patients who provided

feedback commented upon the ease with which they could access an appointment. Staff told us that if required, appointments were usually available either on the same day or the day following a request.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Appointments could be booked in person or by telephone. Patients reported that the appointment system was easy to use.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals to other services were undertaken in a timely way and were managed appropriately.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint. However, the practice's written complaints policy did not include up to date information to support patients should their complaint remained unresolved. Immediately following our inspection the provider submitted an updated policy to us which included reference to the Independent Sector Complaints Adjudication Service and the Independent Doctors Federation, from whom additional advice and support may be sought.
- The service's complaints policy and procedures indicated how the practice would learn lessons from individual concerns and complaints and also from the analysis of trends. The practice had received no complaints in 2019. However, staff were able to demonstrate how appropriate and timely actions would be taken in response to a complaint.

Are services well-led?

Leadership capacity and capability:

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders were visible and approachable. They worked closely with the small team of staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. We saw that all staff were fully engaged in ensuring the promotion of optimum outcomes for patients.
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service and told us they enjoyed being part of a close team.
- The service was focused upon the needs of patients.
- Leaders and managers encouraged behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and

career development conversations. All staff had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were given protected time for professional development and evaluation of their clinical work.

- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training as part of their care certificate. Staff felt they were treated equally.
- The practice was comprised of a small team of four staff members. There were positive relationships between staff and prompt and effective communications.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care. We saw recent examples of timely and effective sharing of information with other agencies and patients' NHS GPs, in order to ensure the safe care and treatment of patients.
- Staff were clear on their roles and accountabilities and received appropriate support and guidance from the medical director.
- The provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Policies we saw had been recently reviewed and reflected current good practice guidance from sources such as the National Institute for Health and Care Excellence (NICE).

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. Leaders had oversight of safety

Are services well-led?

alerts, incidents, and complaints should they arise.

There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.
- Clinical audit had a positive impact on quality of care and outcomes for patients. The practice had implemented a programme of audit which included auditing of cervical screening, antimicrobial prescribing and clinical records.
- There was clear evidence of a commitment to change services to improve quality where necessary.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. There were plans to address any identified weaknesses.
- Practice meetings were held regularly where quality and risks were discussed. We reviewed minutes of monthly meetings held within 2019. Outcomes and learning from the meetings were documented and cascaded to staff.
- The service submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Practice processes ensured that all confidential electronic information was stored

securely on computers. All patient information kept as hard copies was stored in locked cupboards. Staff demonstrated a good understanding of information governance processes.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and valued feedback from patients, the public and staff. Feedback was closely monitored and acted upon to shape the services and culture of the practice.
- Staff could describe to us the systems in place for them to give feedback. The small team of staff worked closely together and had both formal and informal opportunities to provide feedback through staff meetings, appraisals and discussion.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The practice team demonstrated their commitment to continuous improvement and acted immediately to respond to the initial findings of our inspection.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met...</p> <p>The registered person had not ensured that they were doing all that is reasonably practicable to mitigate risks to the health and safety of service users of receiving care or treatment.</p> <p>In particular:</p> <p>To ensure that fire safety arrangements, equipment and training reflect the practice's fire risk assessment.</p> <p>To ensure appropriate records are held relating to staff immunisations, in line with Public Health England guidance.</p> <p>To implement fridge temperature monitoring processes which ensure the correct temperature range for the safe storage of medicines.</p>